

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation FEMINIST MAJORITY		3. FEC Identification Number C C90010646
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1600 WILSON BLVD SUITE 801		
(c) City, State and ZIP Code ARLINGTON VA 22209		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	1	0

THROUGH

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

6. TOTAL CONTRIBUTIONS

15736.00

7. TOTAL INDEPENDENT EXPENDITURES.....

21505.67

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

DIANE ELIZABETH CUTRI

11/01/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF FILER (In Full)
FEMINIST MAJORITY

A. Full Name (Last, First, Middle Initial) INTERNATIONAL UNION OF PAINTERS & ALLIED TRADES			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0
Mailing Address 7234 PARKWAY DR			Transaction ID: F56.000001
City HANOVER	State MD	Zip Code 21076	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C <input type="text"/>			
Name of Employer		Occupation	

B. Full Name (Last, First, Middle Initial) SUSAN SMALLEY			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0
Mailing Address 703 N. ARDEN DRIVE			Transaction ID: F56.000002
City BEVERLY HILLS	State CA	Zip Code 90210	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C <input type="text"/>			
Name of Employer		Occupation	
UCLA		PROFESSOR	

C. Full Name (Last, First, Middle Initial) MARTA KAUFFMAN			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0
Mailing Address 16030 VENTURA BLVD #380			Transaction ID: F56.000003
City ENCINO	State CA	Zip Code 91436	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C <input type="text"/>			
Name of Employer		Occupation	
MARTA KAUFFMAN PRODUCTIONS		WRITER	

D. Full Name (Last, First, Middle Initial) MICHAEL SKLOFF			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0
Mailing Address 16030 VENTURA BLVD #380			Transaction ID: F56.000004
City ENCINO	State CA	Zip Code 91436	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C <input type="text"/>			
Name of Employer		Occupation	

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page carry total to Line 6)

5000.00

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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NAME OF FILER (In Full)
FEMINIST MAJORITY

A. Full Name (Last, First, Middle Initial)

WENDE ZOMNIR

Mailing Address

833 W. 16TH STREET

City

NEWPORT BEACH

State

CA

Zip Code

92663

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: F56.000005

Amount of Each Receipt this Period

1000.00

Name of Employer

URBAN DECAY

Occupation

EXECUTIVE CREATIVE DIRECTOR

B. Full Name (Last, First, Middle Initial)

SYD WHALLEY

Mailing Address

400 MORRIS AVENUE

City

SPRING LAKE

State

NJ

Zip Code

07762

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: F56.000006

Amount of Each Receipt this Period

250.00

Name of Employer

JERSEY MIKES FRANCHISE SYSTEMS

Occupation

ATTORNEY

C. Full Name (Last, First, Middle Initial)

LINDA JOPLIN

Mailing Address

1700 BALSAM PLACE

City

DAVIS

State

CA

Zip Code

95618

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: F56.000007

Amount of Each Receipt this Period

150.00

Name of Employer

NONE

Occupation

RETIRED

D. Full Name (Last, First, Middle Initial)

DONORS VARIOUS

Mailing Address

INDIVIDUAL DONORS
CONTRIBUTIONS \$200 AND UNDER

City

State

Zip Code

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: F56.000008

Amount of Each Receipt this Period

1836.00

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional)

3236.00

TOTAL This Period (last page carry total to Line 6)

15736.00

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
DUVERGNE GAINES

Date

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Mailing Address

626 S. CLOVERDALE AVENUE

Amount

83.91

City

LOS ANGELES

State

CA

Zip Code

90036

Purpose of Expenditure

TRAVEL EXPENSE REIMBURSEMENT

Category/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARBARA BOXER

Calendar Year-To-Date Per Election
for Office Sought

323.91

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

INTERNATIONAL UNION OF PAINTERS

Date

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Mailing Address

7234 PARKWAY DR

Amount

1500.00

City

HANOVER

State

MD

Zip Code

21076

Purpose of Expenditure

PRINTING SERVICES

Category/
Type

Office Sought:

☒ House

State: PA

House

☐ Senate

District: 16

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

2010 LOIS G HERR

Calendar Year-To-Date Per Election
for Office Sought

1500.00

Disbursement For:

☐ Primary☐ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

FEMINIST MAJORITY FOUNDATION

Date

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Mailing Address

433 S. BEVERLY DR

Amount

6922.59

City

BEVERLY HILLS

State

CA

Zip Code

90212

Purpose of Expenditure

SALARIES AND BENEFITS

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARBARA BOXER

Calendar Year-To-Date Per Election
for Office Sought

6922.59

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

8506.50

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 / 6

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
FEMINIST MAJORITY

Date

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0Mailing Address
1600 WILSON BLVD
#801

Amount

10081.24

City State Zip Code
ARLINGTON VA 22209Purpose of Expenditure
SALARIES AND BENEFITSCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 24851.84Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
FEMINIST MAJORITY

Date

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0Mailing Address
1600 WILSON BLVD
#801

Amount

2699.87

City State Zip Code
ARLINGTON VA 22209Purpose of Expenditure
SALARIES AND BENEFITSCategory/
TypeOffice Sought: ☒ House State: PA
☐ Senate District: 16
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
LOIS HERRCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 4086.22Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
FEMINIST MAJORITY

Date

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0Mailing Address
1600 WILSON BLVD
#801

Amount

67.98

City State Zip Code
ARLINGTON VA 22209Purpose of Expenditure
SALARIES AND BENEFITSCategory/
TypeOffice Sought: ☐ House State: CT
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
LINDA MCMAHONCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 67.98Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

12849.09

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
FEMINIST MAJORITY

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Mailing Address
1600 WILSON BLVD
#801

Amount

79.73

City	State	Zip Code
ARLINGTON	VA	22209

Purpose of Expenditure

SALARIES AND BENEFITS, \$4.69 EA FOR 17 CANDIDATES

Category/
Type

Office Sought:

☒

House

State: _____

House

☐

Senate

District: _____

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
HOUSE CANDIDATES 17 VARIOUSCalendar Year-To-Date Per Election
for Office Sought

666.91

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
FEMINIST MAJORITY

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Mailing Address
1600 WILSON BLVD
#801

Amount

70.35

City	State	Zip Code
ARLINGTON	VA	22209

Purpose of Expenditure

SALARIES AND BENEFITS, \$4.69 EA FOR 15 CANDIDATES

Category/
Type

Office Sought:

☐

House

State: _____

Senate

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
SENATE CANDIDATES 15 VARIOUSCalendar Year-To-Date Per Election
for Office Sought

588.45

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

150.08

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

21505.67